



DEPARTMENT OF PERMIT & INSPECTION SERVICES

Louis Petrucci
COMMISSIONER

TAXICAB or LIVERY LICENSE

1. Everyone applying for a **Taxi/Livery** plate must be **Licensed as a City of Buffalo Taxi Driver**.
2. Copy of **NYS Vehicle Registration**
3. **Certificate of Automobile Liability Insurance for this vehicle.**
 - a. The certificate holder must name the **City of Buffalo, Office of Licenses, 301 City Hall, Buffalo, NY 14202** as the certificate holder with a ten (10) day cancellation clause.
 - b. The **description portion** must include the **vehicle's year, make and VIN Number**
4. **Worker's Compensation or Compensation Exemption Certificate**
 - a. When vehicle is exclusively owner-operated with no employees, submit Form CE-200, **NYS Compensation Exemption Certificate**. File online at www.wcb.ny.gov *or* at a NYS Compensation Board, ex: 295 Main Street.
 - b. When the vehicle is **not** exclusively owner-operated, submit **Certificate of Workers' Compensation Insurance** naming the City of Buffalo, 301 City Hall, Buffalo, NY 14202 as the certificate holder with a ten (10) day cancellation clause.
5. **Certification for a New York State Taxi Plate**
 - a. Bring your registration card to the Office of Licenses and obtain a **MV 289 Form**.
 - b. Obtain a Taxi or Livery Plate from the NYS Dept of Motor Vehicles, 110 Pearl Street.
6. **Vehicle Inspection Report**
 - a. The maximum allowable vehicle age is 10 years from the most current licensing year.
 - b. Office of License will set up inspections on completion of paper work
7. **License Fees**
 - a. Taxi \$115.00
 - b. Livery \$ 75.00

TAXI OR LIVERY APPLICATION

Type of Entity: ☐ Corporation ☐ Partnership
Check type: ☐ Taxi Cab ☐ Livery
☐ Car to Car Transfer

For office use only

Application # _____

City Plate # _____

Date _____

Business Name (dba) _____ **Business Phone** _____ - _____

Business Street Address: _____

Business Mailing Address: _____

NYS Tax ID # _____ **Business Website** _____ **E-Mail Address:** _____

Owner and Other Principal Partner (attach additional pages if required)

Name (last, first) _____ **Home Phone** _____

Home Address: (PO Box not acceptable) _____

Dispatcher Name (Livery) _____ **Dispatcher Phone:** () _____ - _____

Dispatcher Address: _____

VEHICLE INFORMATION

VIN Number _____ **NYS Plate Number** _____

Year _____ **Make & Model** _____ **Color** _____ **Tire Size** _____

Taxi/Livery Meter # and Make _____ **Tablet Serial #** _____

Vehicle exclusively owned? ☐ Yes ☐ No

Subscribed and sworn to and before me
this _____ day of _____ 20 ____

Commissioner of Deeds / Notary

I am aware of the obligation to provide timely notice of any changes in required information, and I have informed all owners, managers, or other principals of their criminal and/or civic responsibility for the timely fulfillment of all restrictions and conditions to the license or timely abatement of any nuisance activity at or associated with the business. Initial ____
As an authorized agent of the entity identified above, I certify the information provided on this form is true, correct, complete and current to the best of my knowledge and belief.

Authorized Original Signature

Print Name

Date
